

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035999

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8885

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO.Length of stay in 1b  
70 YRS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
2521 NEW HOUSE AVEReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First JAMES

Middle P.

Last CALLAHAN

4. DATE OF DEATH

Month Day Year  
9 - 13 - 62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/23/1876

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED SUPT. STREET DEPT.

10b. KIND OF BUSINESS OR INDUSTRY

CITY ST. LOUIS

11. BIRTHPLACE (City and state or country)

OMAHA, NEBRASKA

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

MICHAEL CALLAHAN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

AMELIA CALLAHAN-DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address  
MELVILLE J. CALLAHAN 9004 LINK DR  
OVERLAND, MO18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Posterior Myocardial Infarction

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Benign Prostatic Hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8 - 29 - 62 to 9 - 13 - 62 and last saw her alive on 9 - 13 - 62

Death occurred at 11:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ron Dues Blaker, M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9/17/1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Guedmeyer &amp; Sons 3934 N. 20 ST

25. DATE RECD. BY LOCAL REG.

SEP 14 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BLADES  
USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No.

*3749*

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.